

# CA Uniform Waste and Used Tire Manifest

EXAMPLE 123

Black Ink Pen

California Integrated Waste Management Board  
PO Box 1259, Sacramento, CA 95812-1259

Manifest Number

## INSTRUCTIONS ON BACK

### PART I: TO BE COMPLETED BY TIRE HAULER (please print)

#### ☐ Pick Up

☐ Import from \_\_\_\_\_  
(If outside California State/Country)

#### ☐ Delivery

☐ Export to \_\_\_\_\_  
(If outside California State/Country)

#### Hauler

Business Name

(optional - Address Label)

Address

City, State, Zip

Hauler's Business Phone  
(include area code)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### Hauler Registrations (if applicable)

☐ Government ☐ AmnestyDay

☐ Agriculture ☐ Common Carrier/Back Haul

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Load Date (MM/DD/YY)

Log Number

\_\_\_\_ - \_\_\_\_

License Plate Number

State

Decal Number

Indicate (if applicable) ☐ In Transit

☐ **Confidentiality Claim:** The information provided in Part I and Part II of this form should be considered confidential, proprietary, and/or trade secret. In accordance with Title 14, CCR, Section 17041 et.seq, should any member of the public request disclosure of this information, I request that CIWMB contact me at the address and telephone number above.

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to \$25,000 per day, per violation or administrative penalties up to \$5,000 per violation per day as described in Public Resources Code section 42962.

Driver's Name (print)

Driver's Signature

Date

### PART II: TO BE COMPLETED BY REPRESENTATIVE OF TIRE DEALER OR WASTE TIRE GENERATOR OR END-USE FACILITY (please print) - USE ACTUAL LOCATION WHERE THE TIRES ARE PICKED-UP OR DROPPED OFF.

(optional - Address Label)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Business Name

Facility's Business Phone (include area code)

Number & Street Address

City

State

Zip Code

☐ Change Of Address ☐ Address Same As Hauler

\_\_\_\_ - \_\_\_\_

Tire Program ID

Site Suffix

Load ☐ Whole Tire Count ☐ Weight in Pounds  
Type ☐ Volume Cubic Yards ☐ Weight in Tons  
(check only one)

Load Amount \_\_\_\_

Optional Data

#### Tire Types and Amounts

☐ Passenger

\_\_\_\_ . \_\_\_\_

☐ Truck

\_\_\_\_ . \_\_\_\_

☐ Oversize

\_\_\_\_ . \_\_\_\_

☐ Other

\_\_\_\_ . \_\_\_\_

#### Intended Use

☐ Retread/Reuse

☐ Recycle

☐ Fuel

☐ Disposal/Landfill

Comment Area

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Representative Name (print)

Representative's Signature

Date

Draft

Toll Free 1-866-896-0600 / [www.ciwmb.ca.gov/Tires/](http://www.ciwmb.ca.gov/Tires/)  
White: CIWMB Copy Pink: Tire Dealer/Generator/End-Use Facility Copy Yellow: Hauler Copy

